Burr & Forman.

Columbia, SC 29

Suite 1

BURR .: FORMAN MCNAIR

Margaret M. Fox pfox@burr.com T 803.799.9800 F 803.753.3278

June 17, 2019

VIA HAND-DELIVERY

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia SC 29210

Federal Communications Commission WC Docket No. 10-90 Re: Copies of Information Required to be Filed with the FCC, USAC, and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304 Docket No. 2013-244-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. We are enclosing a public copy of the redacted information as it was provided to the FCC and USAC. We are providing this information by hand-delivery on a CD in PDF format so that the files will be legible.

Please note that this information has been filed with the FCC and USAC in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

Ms. Jocelyn Boyd June 17, 2019 Page 2

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Hu. Fax

Very truly yours,

Burr & Forman LLP

Margaret M. Fox

MMF/khh

Enclosures

cc: Jeffrey M. Nelson, Esquire, ORS

Ms. Jocelyn Boyd June 17, 2019 Page 3

South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.

Chesnee Telephone Company

Chester Telephone Company, d/b/a TruVista

Comporium, Inc. (f/k/a Rock Hill Telephone Company)

Farmers Telephone Cooperative, Inc.

Ft. Mill Telephone Company, d/b/a Comporium

Hargray Telephone Company, Inc.

Home Telephone ILEC, LLC d/b/a Home Telecom

Horry Telephone Cooperative, Inc.

Lancaster Telephone Company, d/b/a Comporium

Lockhart Telephone Company, d/b/a TruVista

Palmetto Rural Telephone Cooperative, Inc.

Piedmont Rural Telephone Cooperative, Inc.

PBT Telecom, d/b/a Comporium

Ridgeway Telephone Company, d/b/a TruVista

Sandhill Telephone Cooperative, Inc.

West Carolina Rural Telephone Cooperative, Inc.

Bluffton Telephone Company, Inc. Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Bluffton Telephone Con	npany	
Signature of Authorized Officer	111	Date 6/12/19	
Printed name of Authorized Officer	Andrew Rein		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(843) 686-1246	ext	
Study Area Code of Reporting Carrier		Due Date for this form 06/17/2019	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Bluffton T	elephoi	ne Company			
Signature of Authorized Officer		U	D	ate	6/12/19	
Printed name of Authorized Officer	Andrew	Rein				
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(843)	686-1	246 ext			
Study Area Code of Reporting Carrier	240512	7	Filing Due Date for this for (mm/dd/yyyy)	orm	06/17/2019	**************************************

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Bluffton Telephone Company			
Signature of Authorized Officer	M	Date	6/12/19	
Printed name of Authorized Officer	Andrew Rein			
Title or position of Authorized Officer	CFO			
Telephone number or Authorized Officer.	(843) 686-1246 ext			
Study Area Code of Reporting Carrier	Filing Due Date for to (mm/dd/yyyy)	his form	06/17/2019	Marian Marian Sangar Marian Ma Ma Marian Marian Marian Marian Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Chesnee Telephone Company Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications					
Signature of Authorized Officer	Circles Rothstein 5/29/2019					
Printed name of Authorized Officer	Cindy Rothstein					
Title or position of Authorized Officer	Chief Financial Officer					
Telephone number or Authorized Officer.	(336) 876-6304					
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/17/2019					

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications				
Signature of Authorized Officer	Cinder Rothstein Date 5/29/2019				
Printed name of Authorized Officer	Cindy Rothstein				
Title or position of Authorized Officer	Chief Financial Officer				
Telephone number or Authorized Officer.	(336) 876-6304				
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/17/2019				

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications						
Signature of Authorized Officer	Cindy Rothstein 5/29/2019						
Printed name of Authorized Officer	Cindy Rothstein						
Title or position of Authorized Officer	Chief Financial Officer						
Telephone number or Authorized Officer.	(336) 876-6304						
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/17/2019						

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Chester Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer	P #	3	Date 5/1	5/14/19		
Printed name of Authorized Officer	David	d H. Brunt		/		
Title or position of Authorized Officer	Executi	ve Vice President & Chief Finar	ncial Offi	cer		
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	<u> 581-9195</u>				
Study Area Code of Reporting Carrier	240516	Filing Due Date for this (mm/dd/yyyy)	s form	06/17/2019	-	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Chester Telephone Company d/b/a TruVista Communications						
Signature of Authorized Officer	→	#B-	Date S	114/19		
Printed name of Authorized Officer	David	d H. Brunt				
Title or position of Authorized Officer	Executi	ive Vice President & Chief Fin	ancial Offi	cer		
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	581-9195		_		
Study Area Code of Reporting Carrier	240516	Filing Due Date for the form of the form o	his form	06/17/2019		

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Chester	Chester Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer	\$ P	R		Date 5/	4/19		
Printed name of Authorized Officer	David H. Brunt						
Title or position of Authorized Officer Executive Vice President & Chief Financial Officer							
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	<u> 581-9</u>	195				
Study Area Code of Reporting Carrier	240516	III III III III III III III III III II	Filing Due Date for this (mm/dd/yyyy)	s form	06/17/2019		

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Comporium, Inc.

Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Comporiu	m, Inc.	•			
Signature of Authorized Officer	Chh	Si	Shel	Date 6/7/19		
Printed name of Authorized Officer	Charles G. Lunsford					
Title or position of Authorized Officer VP - Regulatory Affairs						
Telephone number or Authorized Officer. (803) 326-7170						
Study Area Code of Reporting Carrier	240542	gil.	Filing Due Date for thi (mm/dd/yyyy)	s form	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Comporiu	m, Inc.	/			
Signature of Authorized Officer	Chila	1	M	Date 6/7/19		
Printed name of Authorized Officer	Charles	G. Luns	ford			
Title or position of Authorized Officer VP - Regulatory Affairs						
Telephone number or Authorized Officer.	(803) 3	326-71	70			
Study Area Code of Reporting Carrier	240542	Assembling to an overland	Filing Due Date for this (mm/dd/yyyy)	s form	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Comporium.	, Inc.			
Signature of Authorized Officer	Chlis	S. Molel	Date 6/7/19		
Printed name of Authorized Officer	Charles G	. Lunsford			
Title or position of Authorized Officer	VP – Regula	atory Affairs			
Telephone number or Authorized Officer.	(803) 32	6-7170			
Study Area Code of Reporting Carrier	240542	Filing Due Date for (mm/dd/yyyy)	this form	06/17/2019	

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Farmers Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.							
Signature of Authorized Officer	SH	Ja	Din-	Date 6/	12/19			
Printed name of Authorized Officer	Jeffre:	y L. Lawri	more					
Title or position of Authorized Officer	Chief Fi	nancial Of	ficer					
Telephone number or Authorized Officer.	(843)	382-1	381 ext					
Study Area Code of Reporting Carrier	240520	* *	Filing Due Date for the (mm/dd/yyyy)	nis form	06/17/2019			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

								
Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.							
Signature of Authorized Officer	A.) S		Date 6/1	14/19			
Printed name of Authorized Officer	F. Brad	ley Erw	in ·					
Title or position of Authorized Officer Chief Executive Officer								
Telephone number or Authorized Officer. (843) 382 -1225 ext								
Study Area Code of Reporting Carrier	240520	these and	Filing Due Date for this (mm/dd/yyyy)	s form	06/17/2019			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

					······································	-1-1		
Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.							
Signature of Authorized Officer	A		•	Date 6/1	4/19			
Printed name of Authorized Officer	F. Brad	ley Erw	in					
Title or position of Authorized Officer	Chief Executive Officer							
Telephone number or Authorized Officer.	(843)	382	1225 ext					
Study Area Code of Reporting Carrier	240520	with the second	Filing Due Date for this (mm/dd/yyyy)	s form	06/17/2019			

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Ft. Mill Telephone Company, d/b/a Comporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Fort Mill	Fort Mill Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	Chil	1	MI	Date 6/7/19				
Printed name of Authorized Officer	Charles G. Lunsford							
Title or position of Authorized Officer VP - Regulatory Affairs								
Telephone number or Authorized Officer. (803) 326-7170								
Study Area Code of Reporting Carrier	240521	*	Filing Due Date for thi (mm/dd/yyyy)	s form	06/17/2019			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications								
Signature of Authorized Officer	Chil	Chil 1. 1 Date 6/7/19							
Printed name of Authorized Officer	Charles G. Lunsford								
Title or position of Authorized Officer VP – Regulatory Affairs									
Telephone number or Authorized Officer.	(803)	326-71	170						
Study Area Code of Reporting Carrier	240521	30 M	Filing Due Date for the (mm/dd/yyyy)	is form	06/17/2019				

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications							
Signature of Authorized Officer	The	4/	All	Date 6/7/19				
Printed name of Authorized Officer	Charles G. Lunsford							
Title or position of Authorized Officer	sition of Authorized Officer VP – Regulatory Affairs							
Telephone number or Authorized Officer.	(803)	326-71	170					
Study Area Code of Reporting Carrier	240521		Filing Due Date for the (mm/dd/yyyy)	is form	06/17/2019			

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Hargray Telephone Company, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Hargray Telephone Company	
Signature of Authorized Officer	M	Date 6/12/19
Printed name of Authorized Officer	Andrew Rein	
Title or position of Authorized Officer	CFO .	
Telephone number or Authorized Officer.	(843) 686-1246 ext	_
Study Area Code of Reporting Carrier	240523 Filing Due Date for (mm/dd/yyyy)	r this form 06/17/2019

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Hargray Telepho	one Company		
Signature of Authorized Officer		C Date	6/12/19	
Printed name of Authorized Officer	Andrew Rein			
Title or position of Authorized Officer	CFO		_	·
Telephone number or Authorized Officer.	(843) 686-	1246 ext		
Study Area Code of Reporting Carrier	240523	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Hargray T	elepho	ne Company			
Signature of Authorized Officer		11	D	ate	6/12/19	
Printed name of Authorized Officer	Andrew	Rein				
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(843)	686-1	1246 ext			
Study Area Code of Reporting Carrier	240523	Х ма, п	Filing Due Date for this fo (mm/dd/yyyy)	orm	06/17/2019	

SEE 2019 TARIFF DATA ON ENCLOSED DISC

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Home Telephone ILEC, LLC d/b/a Home Telecom Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom						
Signature of Authorized Officer		Date 6 - 13 - 2019					
Printed name of Authorized Officer	Down Thompson						
Title or position of Authorized Officer	DIVECTOR Administrati	in Sus-					
Telephone number or Authorized Officer.	(<u>843</u>) <u>761</u> <u>9173</u> ext						
Study Area Code of Reporting Carrier	Filing Due Date for this (mm/dd/yyyy)	form 06/17/2019					

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Home Teleph	one ILEC, d/b/a Hom	e Telecom		
Signature of Authorized Officer			Date	- 13- 2	2019
Printed name of Authorized Officer	DENNY	Thompson			
Title or position of Authorized Officer	DIVERTOR	Administra	gore	Suc s_	
Telephone number or Authorized Officer.	(643) 4	14_1_9173 ext.			
Study Area Code of Reporting Carrier	240527	Filing Due Date for (mm/dd/yyyy)	this form	06/17/2019	, a

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Home Telepho	ma II EC d/h/a Hama'	Tologom				
Name of Reporting Carrier Home Telephone ILEC, d/b/a Home Telecom							
Signature of Authorized Officer			Date &	- 13- 70	19		
Printed name of Authorized Officer	DENNY.	Thompsor					
Title or position of Authorized Officer		Administra	tru	sues			
Telephone number or Authorized Officer.	(243)7	L 1 9173 ext.					
Study Area Code of Reporting Carrier	240527	Filing Due Date for the (mm/dd/yyyy)	is form	06/17/2019			

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Horry Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Horry Telephone Cooperative, Inc.		•
Signature of Authorized Officer Date	5/31/19	:
Printed name of Authorized Officer Carlton Lewis		
Title or position of Authorized Officer CFO		
Telephone number or Authorized (843) 365 2151 ext		
Study Area Code of Reporting Carrier. 240528 Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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Certification of Officer fo	r Rate-of-Return Carrie	r Eligibility for CAF/I	CC Recovery
	41	at to the best of my by	novelodge the
I certify that I am an officer of the reporting carrier on this form cer	reporting carrier and the	iat, to the best of my Ki with Eligible Recover	v 851.917(d) and
Access Recovery Charge §51.917(e) and is eligible to receiv	e the CAF ICC suppor	rt requested pursuant
to §51.917(f).			
		• .	
Name of Reporting Carrier	Horry Telephone Coope	rative, Inc.	• • • • • • • • • • • • • • • • • • • •
Signature of Authorized Officer	The state of the s	Date	5/31/19
Printed name of Authorized Officer	Carlton Lewis		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer	(843) 365 21	<u>5 1</u> ext	
Study Area Gode of Reporting Carrier		Due Date for this form d/yyyy)	06/17/2019
Persons willfully making false statements of 1934, 47 U.S.C. §§ 502, 503(b), or fine	on this form can be punished or imprisonment under Title	l by fine or forfeiture unde 18 of the United States Co	r the Communications Act ode, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Horry Telephone	e Coperative, Inc.	•	
Signature of Authorized Officer	1111	Date	5/31/19	• •
Printed name of Authorized Officer	Carlton Le	wis		
Title of position of Authorized Officer	CFO		•	
Telephone number or Authorized Officer	(843) 36	<u>5 - 2] 5 ext.</u>	,	
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	g <u> </u>
		i.h.a.d.h.a. fime on forfortung und	an tha Cammuniaati	one Act

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Lancaster Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications					
Signature of Authorized Officer	Chila	A)	beld	Date 6/7/19		
Printed name of Authorized Officer	Charles	G. Lun:	sford			
Title or position of Authorized Officer	VP – Regi	ılatory .	Affairs			
Telephone number or Authorized Officer.	(803) 3	326-71	70			
Study Area Code of Reporting Carrier	240531		Filing Due Date for this (mm/dd/yyyy)	s form	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications					
Signature of Authorized Officer	Ch	7 L	Mil	Date 6/7/19		
Printed name of Authorized Officer	Charle	s G. Lun	sford			
Title or position of Authorized Officer	VP – Reg	gulatory .	Affairs			
Telephone number or Authorized Officer.	(803)	326-71	70			
Study Area Code of Reporting Carrier	240531	2	Filing Due Date for thi (mm/dd/yyyy)	s form	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	Chil	D.,	Mil	Date 6/7/19			
Printed name of Authorized Officer	Charle	s G. Lun	sford				
Title or position of Authorized Officer	PT VP – Regulatory Affairs						
Telephone number or Authorized Officer.	(803)	326-71	170				
Study Area Code of Reporting Carrier	240531	*	Filing Due Date for the (mm/dd/yyyy)	is form	06/17/2019	3.3	

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Lockhart Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications						
Signature of Authorized Officer	MC L	#	<u>}</u>	Date 5	14/19		
Printed name of Authorized Officer	David	H. Brunt					
Title or position of Authorized Officer	Executi	ve Vice P	resident & Chief Finar	ncial Offi	cer		
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	<u> 581-9</u>	195				
Study Area Code of Reporting Carrier	240532		Filing Due Date for thi (mm/dd/yyyy)	s form	06/17/2019 _		

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer		# 3	*	Date 5/	4/19	
Printed name of Authorized Officer	David	d H. Brunt				
Title or position of Authorized Officer	Executi	ve Vice P	resident & Chief Fina	ncial Offi	cer	
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	<u>581-9</u>	<u>195</u>			
Study Area Code of Reporting Carrier	240532	ACTIONNESS DE LES MAIS CONTRACTOR DE LA CONTRACTOR DE LA	Filing Due Date for thi (mm/dd/yyyy)		06/17/2019	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications			
Signature of Authorized Officer	A-8-	Date 5/14/19		
Printed name of Authorized Officer	David H. Brunt			
Title or position of Authorized Officer	Executive Vice President & Chief Financial Officer			
Telephone number or Authorized Officer.	(<u>803</u>) <u>581-9195</u>			
Study Area Code of Reporting Carrier	240532 Filing Due l (mm/dd/yyy	Date for this form 06/17/2019		

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Palmetto Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.						
Name of Reporting Carrier: PALME	ITO RURAL TEL.		Wilson DN:cn≕Dewaine			
Dewa Signature of Authorized Officer:	Digitally signed by Dewaine Wilson DN:cn=Dewaine Dewaine Wilson Wilson,emall=dewaine.wilson@prtc.coop,O=palmetto rural tel. coop., inc.,l=, Date: 5/29/2019 Date: 5/29/2019					
Printed name of Authorized Officer:	Dewaine Wilson	n				
Title or position of Authorized Officer:	Controller					
Telephone number of Authorized Officer:	843 538-9382					
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	ē		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC. Digitally signed by Dewaine Wilson DN:cn=Dewaine **Dewaine Wilson** Wilson,email=dewaine,wilson@prtc,coop,O=palmetto rural tel. coop., inc., i= , Date: 5/29/2019 Date: 5/29/2019 Signature of Authorized Officer or employee: Printed name of Authorized Officer or employee: Dewaine Wilson Title or position of Authorized Officer or employee: Controller Telephone-number of Authorized Officer or employee: 843 538-9382 Filing Due Date for this 240536 6/17/2019 Study Area Code of Reporting Carrier form (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery						
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).						
Name of Reporting Carrier: PALME	TTO RURAL TE	EL. COOP.,				
Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural tel. coop., inc.,l= , Date: 5/29/2019 Date: 5/29/2019					5/29/2019	
Printed name of Authorized Officer or employe	ee: l	Dewaine W	ilson			
Title or position of Authorized Officer or employee: Controller						
Telephone number of Authorized Officer or employee: 843 538-9382						
Study Area Code of Reporting Carrier	240536	*	Filing Due Date for this form (mm/dd/yyyy)	6/17/2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

SEE 2019 TARIFF DATA ON ENCLOSED DISC

Piedmont Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Piedmont Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer	har	L ,	Date Jun	ne 4, 2019	
Printed name of Authorized Officer Randall Lis					
Title or position of Authorized Officer	General Mana	ger			
Telephone number or Authorized Officer.	(864) 683	- 3700 ext	_		
Study Area Code of Reporting Carrier	240538	Filing Due Date for thi (mm/dd/yyyy)	is form	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Piedmont Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer	July V		Date Jun	e 4, 2019	
Printed name of Authorized Officer Randall Lis					
Title or position of Authorized Officer	General Manage	er			
Telephone number or Authorized Officer.	(864) 683 -	3700 ext			
Study Area Code of Reporting Carrier	240538	Filing Due Date for this (mm/dd/yyyy)	form	06/17/2019	Ja ja <u>immalinungan n</u> amusi

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	me of Reporting Carrier Piedmont Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer	fine		<u> </u>	Date June 4, 2019	
Printed name of Authorized Officer Randall Lis					
Title or position of Authorized Officer General Manager					
Telephone number or Authorized Officer.	(864)	683 -	3700 ext		
Study Area Code of Reporting Carrier	240538	4	Filing Due Date for this f (mm/dd/yyyy)	form 06/17/2019	

SEE 2019 TARIFF DATA ON ENCLOSED DISC

PBT Telecom, d/b/a Comporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	PBT Telecom, Inc.
Signature of Authorized Officer	13.5 Date 15/23/9
Printed name of Authorized Officer	L.B. Spearman
Title or position of Authorized Officer	Vica President
Telephone number or Authorized Officer.	(<u>843</u>) <u>210- 5528</u> ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/17/2019

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	PBT Telecom, Inc.
Signature of Authorized Officer	23. Au 6-5-2019
Printed name of Authorized Officer	L.B. Spearmon
Title or position of Authorized Officer	Vice Presidon +
Telephone number or Authorized Officer.	(会o3) 210-5528 ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/17/2019

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	PBT Telecom, Inc.
Signature of Authorized Officer	2,3 du 6-5-2019
Printed name of Authorized Officer	L.B. Speamon
Title or position of Authorized Officer	Vice President
Telephone number or Authorized Officer.	(803) 210-5528 ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/17/2019

Ridgeway Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer	D#3-			Date 5/14/9	
Printed name of Authorized Officer	David	d H. Bruni	i .	,	
Title or position of Authorized Officer Executive Vice President & Chief Financial Officer					
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	<u> 581-9</u>	195		
Study Area Code of Reporting Carrier	240541		Filing Due Date for this (mm/dd/yyyy)	form 06/17/2019	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer		#R-	Date 5/	14/19	
Printed name of Authorized Officer	David	d H. Brunt		7	
Title or position of Authorized Officer	Executi	ive Vice President & Chief Fina	ncial Offi	cer	
Telephone number or Authorized Officer.	(<u>8 0 3</u>)	581-9195			
Study Area Code of Reporting Carrier	240541	Filing Due Date for th (mm/dd/yyyy)	is form	06/17/2019	

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer		B	Date //	1/19	
Printed name of Authorized Officer	David I	H. Brunt			
Title or position of Authorized Officer	r position of Authorized Officer Executive Vice President & Chief Financial Officer				
Telephone number or Authorized Officer.	1X 11 41				
Study Area Code of Reporting Carrier	240541	Filing Due Date for the (mm/dd/yyyy)	nis form	06/17/2019	\

Sandhill Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SANDH	ILL TEL. COOP., INC.				
Lee C	hambers	Digitally signed by Lee Cha Chambers,email=lee.cham coop., inc.,l=Jefferson SC	bers@shtc.net,O=sandhill tel.	Date: 5/21/2019	
digitature di Authorized dineer.					
Printed name of Authorized Officer:	Lee Chambers				
Title or position of Authorized Officer:	CEO/Manager				
Telephone number of Authorized Officer: 843-658-6379					
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	2	
Persons willfully making false statements on this form can be punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery						
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).						
Name of Reporting Carrier: SANDHI	LL TEL. COOP	P., INC.				
	Lee Cha	mbers	Digitally signed by Lee Chambers Chambers,email=lee.chambers(]
Signature of Authorized Officer or employee:			coop., inc.,l≍Jefferson SC 29718	_	Date: 5/21/2	019
Printed name of Authorized Officer or employe	e: l	Lee Cham	bers			
						
Title or position of Authorized Officer or emplo	yee:	CEO/Ma	nager			
Telephone number of Authorized Officer or employee: 843-658-6379						
Telephone number of Authorized Officer or en	ipioyee:	043-050-	03/9	<u> </u>	1	
tudy Area Code of Reporting Carrier 240546 Filing Due Date for this form (mm/dd/yyyy) 6/17/2019						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii). SANDHILL TEL. COOP., INC. Name of Reporting Carrier: Digitally signed by Lee Chambers DN:cn=Lee Lee Chambers Chambers,email=lee.chambers@shtc.net,O=sandhill tel. coop., inc., 1= Jefferson SC 29718, Date: 5/21/2019 Signature of Authorized Officer or employee: Date: 5/21/2019 Lee Chambers Printed name of Authorized Officer or employee: CEO/Manager Title or position of Authorized Officer or employee: 843-658-6379 Telephone number of Authorized Officer or employee: Filing Due Date for this Study Area Code of Reporting Carrier 240546 6/17/2019 form (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

West Carolina Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	West Carolina Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer	J_	- 22	Date 6/07/2019		
Printed name of Authorized Officer	Lan	ce A. Tade			
Title or position of Authorized Officer	CFO				
Telephone number or Authorized Officer.	(8c4)	446 925 ext			
Study Area Code of Reporting Carrier	240550	Filing Due Date for this (mm/dd/yyyy)	o6/17/2019		

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	West Carolina Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer	Par. Date 6/07/2019				
Printed name of Authorized Officer	Lance	A. Tade			
Title or position of Authorized Officer	CFO				
Telephone number or Authorized Officer.	(<u>864</u>) 44	46 9257 ext.			
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	n 06/17/2019		

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	West Carolina Rural Telephone Cooperative, Inc.				
Signature of Authorized Officer	J	Date	6/07/2019		
Printed name of Authorized Officer	Lance	A. Tode			
Title or position of Authorized Officer	CFO				
Telephone number or Authorized Officer.	(867) 4	46 9256 ext.			
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019		

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